



STATE OF DELAWARE

DELAWARE BOARD OF PARDONS COMMUTATION **CHECKLIST**

Step 1

Request **Certified Court Dockets** and **Sentencing Orders** for offense(s) associated with your incarceration.

Step 2

Complete the entire **Delaware Board of Pardons Application for Commutation**.

Step 3

Complete the **Affidavit of Mailing**.

Step 4

Assemble your application by attaching the **Certified Court Dockets**, **Sentencing Orders** and all other relevant information with paper clips. Stapled documents will not be accepted.

Step 5

Once assembled, make 2 copies of **EVERYTHING** (so you will have a total of 3 applications).
Mail the **original application** and 1 copy to **The Board of Pardons** and keep a copy for yourself.

Secretary of State's Office
401 Federal Street, Suite 3
Dover, DE 19901

If you have any questions, contact the Board of Pardons at 302-739-4111.
You can also visit us online at pardons.delaware.gov.

BIOGRAPHICAL INFORMATION

What is your highest level of education?

Any known learning disabilities? **Yes** **No.** If yes, briefly describe.

Any history of mental health issues? **Yes** **No.** If yes, briefly describe treatment.

Any history of substance/alcohol abuse? **Yes** **No.** If yes, briefly describe drug/substance of choice and when addiction began.

What is your current martial status? (Check one) **Single** **Married** **Divorce** **Widowed**

Do you have any children, if yes describe them? (Example: name, age and living arrangement)

Current Employment Status, if not employed state the reasons?

Are you currently enrolled in school/vocational training, if yes, provide the name and location and your area of study?

SUMMARY OF OFFENSE(S)

Provide the requested information on offense(s) the specifics can be on the court docket/sentencing order and status offender sheet.

Arrest Date: _____

Offense(s): If more than one offense was associated with the same arrest, list them.

Sentence Date: _____ **Sentence:** _____

How much time has been served toward this sentence? _____

Probation: **Yes** **No** If yes, provides the terms _____

Restitution:	Yes	No	If yes, provide amount
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Name of Court: _____

Court Address: _____
Number Street City State Zip

Narrative Description of the Offense(s): Provide a complete and detailed account of the offense(s) you listed above. You are expected to describe in your own words the factual details surrounding the offense. You should describe the full extent of your involvement in the criminal conduct.

Attach the Certified Court Docket(s) and Sentencing Order(s) associated with the offense(s)

PRIOR AND SUBSEQUENT CRIMINAL RECORD

Describe in your **own** words the factual circumstances of each incident. Aside from the offense for which you are seeking a commutation of sentence, have you ever been arrested, taken into custody, held for investigation or questioning, charged by any law enforcement authority, or convicted in any court, either as a juvenile or an adult, for any other incident either in the State of Delaware or any other jurisdiction? : **Yes** **No**

If no, proceed to the next page. If yes, describe below:

Date of Charge: _____

Nature of Charge: _____

Facts:

Date of Charge: _____

Nature of Charge: _____

Facts:

Date of Charge: _____

Nature of Charge: _____

Facts:

Date of Charge: _____

Nature of Charge: _____

Facts:

MAKE COPIES OF THIS PAGE IF YOU NEED MORE ROOM

REASONS FOR SEEKING A COMMUTATION

What are your reasons for seeking a commutation? Attach supporting documents as evidence to support reasons due to extenuating circumstances.

Pending Proceedings: Do you have pending any judicial or administrative proceedings with the federal, state, or local governments? **Yes** **No.** If yes, state the full jurisdiction in which the proceeding is pending, the nature of the dispute, and the current status of the matter.

Describe below any activities you are involved in and your duties.
(You may attach any certificates or documents)

References may be attached to this page

Attach supporting documents as evidence to support reasons due to extenuating circumstances.



AFFIDAVIT OF MAILING

STATE OF DELAWARE

DELAWARE BOARD OF PARDONS

Applicant Name _____ **Date of Birth** _____

The above applicant has filed a petition for a commutation with the Board of Pardons ("Board") in the Secretary of State's Office, 401 Federal Street, Suite 3, Dover, DE 19901. The petition will be heard at the earliest possible date as determined by the Board.

Copies of this affidavit of mailing have been sent to:

1. The Judge(s) who presided at the sentencing hearing(s) or Presiding Judge(s)
2. Joseph R. Biden, III, Esq. Attorney General, Department of Justice
3. Chief of Police in the city/county where the arrest(s) was/were made.
4. Colonel Robert M. Coupe, Superintendent, Department of Public Safety, Division of State Police

Reason(s) for applying:

Offense(s) and Date(s) of Arrest:

Signature of Applicant

Date

STATE OF _____)
) SS
COUNTY OF _____)

This applicant, being sworn, deposes and says that he/she is attesting that all statements contained in his/her application are true and correct in every respect, and that he/she has not suppressed any information that might affect this application.

Sworn to me before me this _____ day of _____, 20_____.

Signature of Notary Public

My commission expires _____. (SEAL)

IMPORTANT: Make sure you have completed every item on the checklist and that your application is signed and complete. Any missing information will significantly delay processing.